

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570058

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		9		
3		1		9		
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8	4		1			
9	8			3		
10	8			8		
11			1			
12				1		
13			1			
14				1		
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TOTAL IND.	2	↓	9	↓		↓
TOTAL DEP.	11	←	37	←		←
TOTAL CLAIMS	13		46			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						